

VACCINES FOR CHILDREN
INCIDENT REPORT
Wasted or Accidental Loss of Vaccine

Indiana Immunization Program
2 North Meridian Street
Mail Drop 6A-22
Indianapolis, IN 46204

Phone: (317) 233-7704
Toll Free: (800) 701-0704
Fax: (317) 233-3719

(PLEASE TYPE OR PRINT)

PIN NUMBER _____

PRACTICE OR CLINIC NAME _____

NAME _____ YOUR TITLE _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

PHONE _____ DO YOU HAVE INSURANCE? _____

Please mark number that matches your incident:

- ☐ 5 Lost or damaged in transit to provider
- ☐ 6 Failure to store properly upon receipt by provider
- ☐ 7 Refrigeration failure reported by provider
- ☐ 11 Lost or unaccounted for in provider inventory
- ☐ 12 Other, not usable, reported by provider

Please describe in detail what happened: _____

Action taken by on-site personnel: _____

Signature

Date

VACCINES FOR CHILDREN

INDIANA IMMUNIZATION PROGRAM

2 NORTH MERIDIAN ST MAIL DROP 6A-22

INDIANAPOLIS, IN 46204

WASTED/ACCIDENTAL LOSS OF VACCINE LIST

PIN NUMBER _____

[illegible]

VFC Vaccine Return Procedures

The Indiana State Department of Health's Immunization Program's transition to the national Vaccine Management Improvement Project (VMBIP) has required some changes in the way providers must return expired or damaged vaccines to the vaccine distributor. All vaccines will be returned to McKesson Specialty, the company responsible for managing and shipping the national vaccine supply.

When preparing to return vaccine, please follow these simple steps:

1. Call the ISDH, Immunization Program at the toll free number, 1-800-701-0704. Advise our staff that you have vaccine that needs to be returned to McKesson.
2. Our staff will arrange to fax you an "Indiana Return Vaccine Form (Provisional)".
3. Complete and return the completed form to the Immunization Program via FAX at (317) 233-3719.
4. Retain a copy of this form for your files.
5. Place the vaccine to be returned in one or more of the empty shipping containers, retained from previous vaccine deliveries from McKesson. If you do not have an empty McKesson shipping container, please wait until your next vaccine shipment arrives and use the empty container(s) for your return.
6. Place a copy of the completed form, in the return shipping container(s) and follow the instructions for shipping container(s) to McKesson.

Please contact the ISDH, Immunization Program at 1-800-701-0704 if you have any questions related to vaccine returns.

Important Notice:

Please do not discard or destroy the McKesson shipping containers. All unused containers should be returned to McKesson. You should retain a limited number of empty shipping containers for returns. Return unused shipping containers to McKesson using their attached return label.

Please do not return any vaccine to General Injectables & Vaccines Inc. (GIV), Indiana's previous vaccine distributor. They will no longer accept vaccine returns.

RETURN VACCINE FORM (PROVISIONAL)
Indiana VFC Program
Phone (800) 701-0704 Fax (317) 233-3719

Date: _____
Pin Number: _____
Provider Name: _____
Address: _____
Fax #: _____ Phone #: _____
Contact Person: _____

Return Reason Codes:

- | | |
|--|---|
| 2. Returned viable by provider | 6. Provider failure to store properly |
| 3. Spoilage reported by provider | 7. Provider refrigeration failure |
| 4. Expiration reported by provider | 8. Viable transfer between providers |
| 5. Lost/damaged in transit to provider | 11. Lost or unaccounted for in provider inventory |
| | 12. Other-not usable by provider |

Explanation of 2 thru 12 if applicable:

Required Vaccine Information

Return Code	Vaccine	Doses	Mfg	Lot#	Exp Date

Return only VFC Vaccines. You must dispose of your private stock yourself.
Fax a copy of this form to the Indiana VFC Program Fax # 317 233-3719, keep a co
for your files, and send one with the returned vaccine. All McKesson shipping box
come with a return label so they can be returned to McKesson. You may put your
returns in those boxes and send them directly to McKesson.

RETURN VACCINE FORM (PROVISIONAL)
Indiana VFC Program
Phone (800) 701-0704 Fax (317) 233-3719

Date: _____

Pin Number: _____

Provider Name: _____

Address: _____

Fax #: _____ Phone #: _____

Contact Person: _____

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